

Call-n-Ride P.O. BOX 8465 GAITHERSBURG, MD 20898-8465

Call-n-Ride APPLICATION

Call-n-Ride is a transportation assistance program for income eligible residents of Montgomery County, who are 67 and older, or persons age 18 and older with mental or physical disabilities.

The following questions determine your program eligibility. To apply for this program, please complete <u>both sides</u> of this confidential application and return it along with all required documentation to the address below. <u>PLEASE PRINT</u>:

Name:	Date of Birth:	Age:
Spouse's Name:	Date of Birth:	Age:
Street Address:		Apt #:
City:	State:	Zip Code:
Telephone:	How many family members liv	ve in your household?
Is this a group home, nursing home, assis	sted living home, retirement ho	me, etc?NO
1. RESIDENCY AND AGE: You must address in Montgomery County: (C copy of a utility bill with your name with your name and current address, name and current address, or a copy Card from the MVA) with your current of residency as listed above, Montgom Card which is available through the MY You must submit proof of age with the License or Maryland Identification C	opy of a rental agreement, copy of a and current address, copy of a copy of a Montgomery County of a Maryland Driver's Licer cent address. ** NOTE: If you nery County REQUIRES that you lotor Vehicle Administration (Monte application. (Copy of Birth Company)	y of a property tax bill or deed, a Social Security Award letter Social Services letter with your use (or Maryland Identification do NOT have ANY of the proofs ou get a Maryland Identification VA). **
2. <u>INCOME</u> : Please submit proof of in Proof of income must be a copy of a Security award letters, pension lette show interest, dividend payments, or	ll household income tax returners, annuity statements, SSI, jo	s, Social Security checks, Social
	e SSI (Supplemental Security Inmps?NO	
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For questions please contact Connect-A-Ride	at 301-738-3252 or the MC 311 Call Center by dialing 311.
SIGNATURE	DATE
- •	ential and is to be used only to determine my eligibility to ertify that all information contained on this form is true and
	E REFER TO THE Call-n-Ride PHOTOGRAPH CHMENT, ENCLOSED WITH THIS APPLICATION.
6. PHOTO FOR Call-n-Ride SWIPE CAR this application.	D: You must include a recent photograph of yourself with
5B. If yes, please specify:	
(i.e., City of Rockville, Jewis	ransportation services from any agency or service provider h Council for Aging, Spanish-Speaking Community of on, Metro Access, etc.)?YESNO
5. TRANSPORTATION: How many times	per month do you require transportation?
4B. If not, how do these services	s not meet your needs?
4A. Are you able to utilize Metr	ro Bus or Ride-On Bus?NO
4. STATISTICAL SURVEY: The following evaluation. Please answer the following questions:	questions provide statistical information for program
Please Answer:YES completed by Licensed Professional Physical P	NO. If <u>YES</u> , All applicable disability forms MUST be ician. (Forms enclosed).
3. <u>DISABILITY</u> : DO YOU CURRENTLY	HAVE A MENTAL OR PHYSICAL DISABILITY?
	oss monthly income <u>from all sources</u> ? \$ You ter or a letter on agency letterhead from the provider.
receive assistance and skip to Qu	ubmit a letter of proof from the agency from which you uestion #3.

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